



DTM

DISPLACEMENT TRACKING MATRIX

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MAY
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2020

LIBYA IDP AND RETURNEE REPORT

MOBILITY TRACKING

ROUND 31

MAY - JUNE 2020



Project funded by
the European Union

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Cover Photo: IOM distributes essential Non-Food Items for vulnerable IDPs displaced in Tripoli; June 2020 ©IOM 2020 / Majdi El Nakua

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KEY FINDINGS (ROUND 31)

IDPs



425,714
IDPs IN LIBYA



91%
WERE DISPLACED DUE TO
THE DETERIORATION OF THE
SECURITY SITUATION



63%
OF IDPs LIVE IN SELF-PAID
RENTED ACCOMMODATION

Returnees



456,728
RETURNEES IN LIBYA

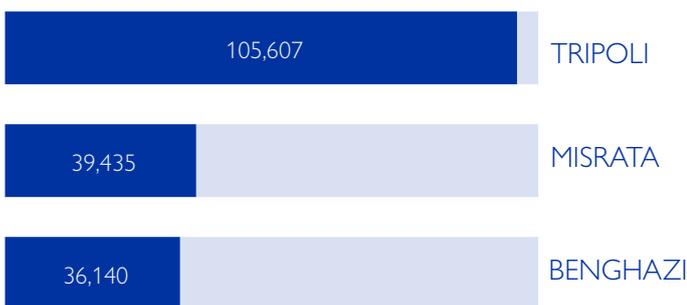


92%
RETURNED TO THEIR
PLACES OF ORIGIN DUE
TO IMPROVED SECURITY
SITUATION

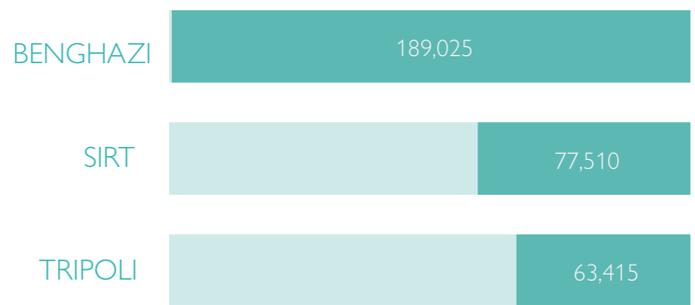


83%
OF RETURNEES LIVE IN
THEIR PREVIOUS HOMES

TOP 3 REGIONS WITH IDPs



TOP 3 REGIONS WITH RETURNEES



659 of 667
COMMUNITIES



100% of
MUNICIPALITIES

2,219 INTERVIEWS WITH KEY INFORMANTS
(ROUND 31, MOBILITY TRACKING)

100% COVERAGE



OVERVIEW

This report presents the findings of Round 31 of the Mobility Tracking component of the Displacement Tracking Matrix (DTM) programme in Libya, covering the reporting period from May to June 2020.

In Round 31, the number of internally displaced persons (IDPs) identified in Libya increased from 401,836 to 425,714 IDPs. New displacements during the reporting period were primarily driven by increased insecurity in western Libya related to armed conflict and change of control over territory. During May and June 2020 IDPs from the areas of Tarhuna and Sirt displaced to various municipalities of Eastern Libya.

In the context of ongoing armed conflict in western Libya since April 2019, and the protracted cases of previously displaced households, the municipalities of Tripoli region (mantika) collectively host more than 105,000 IDPs.

During Round 31 data collection period, several IDP families returned to their places of origin including 1,045 individuals previously displaced who returned to their places of origin in Tripoli region.

IDPs returning to their places of origin in Ain Zara municipality, and in the neighbourhoods of Salah Eddin and Al Hadba in southern Tripoli continue to face challenges with regards to presence of unexploded ordinance (UXOs) and explosive remnants of war (ERWs), in addition to disruption of power supply due to damaged electricity transmission lines.

During the reporting period, the number of confirmed cases of Covid-19 in Libya also increased significantly¹, as public health measures including widespread restrictions on movement and mobility also resulted in increased negative socio-economic consequences for vulnerable people on the move.² During the June Covid-19 Mobility Tracking, 86% of the assessed municipalities' key informants reported that residents including IDPs and host community members were negatively affected to some extent due to the restrictions on movement and curfews.

In terms of health services, DTM Multi-Sectoral Location Assessment's (MSLA) key informant data on health facilities' distribution by region in Libya highlights critical structural issues and gaps. In 43 municipalities a lack of functional hospitals was reported. For life saving clinical management of critical Covid-19 patients only hospitals with fully functional intensive or critical care units may be considered to provide adequate level of care, and therefore lack of hospitals in 43% municipalities of Libya is a critical gap that should be considered in any potential Covid-19 response plan.

IDPs

425,714
Individuals

83,701
Families

96
Municipalities

483
Communities

Returnees

456,728
Individuals

91,218
Families

45
Municipalities

179
Communities

Fig 1 Libya displacement and return timeline



1 For further details see DTM Mobility Restrictions Dashboard #5 (1-30 June 2020): <https://dtm.iom.int/reports/libya-%E2%80%94-mobility-restriction-dashboard-5-01-30-june2020>

2 For further details see DTM Libya — COVID-19 MOBILITY TRACKING #3 (June 2020): <https://dtm.iom.int/reports/libya-%E2%80%94-covid-19-mobility-tracking-3-june-2020>

UPDATE ON CONFLICT IN WESTERN LIBYA

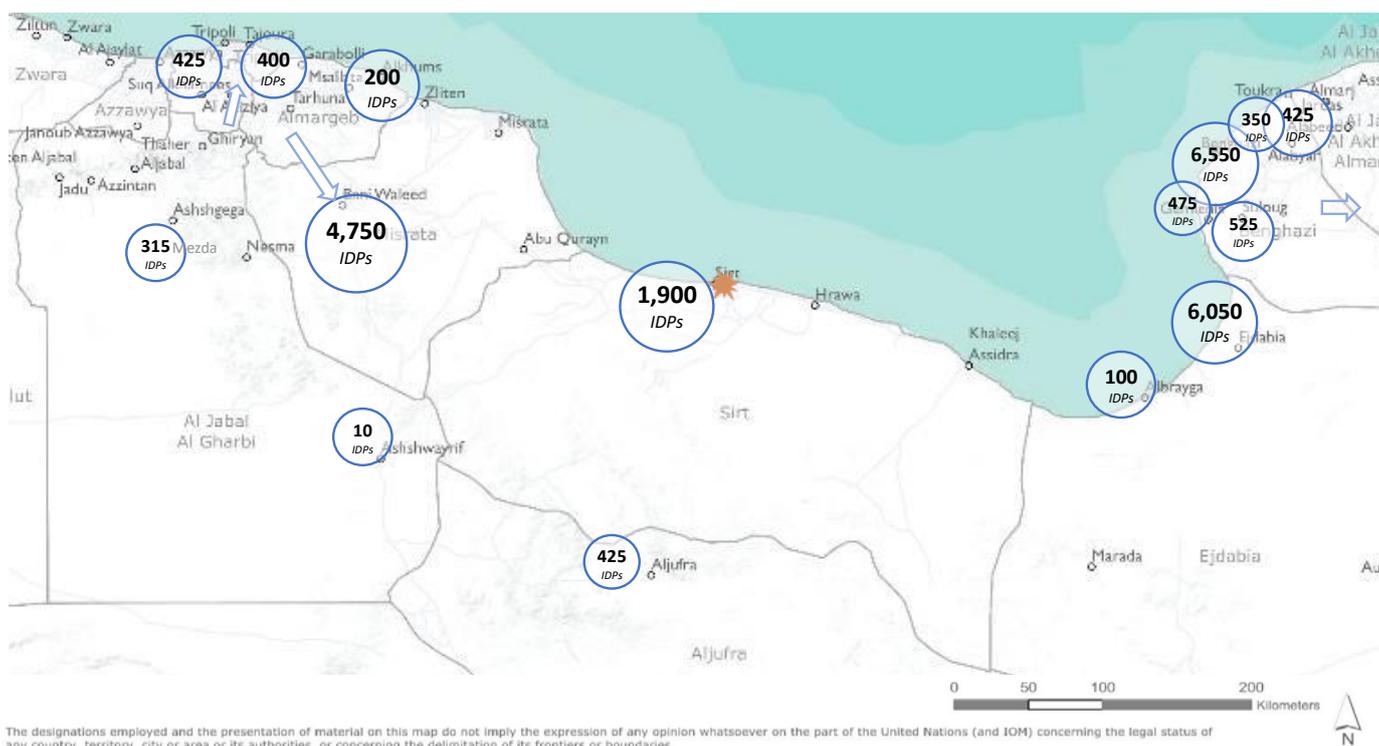
Mid-way through the May - June 2020 (round 31) data collection a sharp decline in the number of armed conflict related events was reported in Libya by the Armed Conflict Location and Event Data (ACLED) project (see figure 2 below)¹. However, although ACLED data shows a decline in the reported armed conflict events during the month of June 2020 in the Tripoli region, IDPs in conflict affected areas of Tarhuna and Sirt were driven to leave their places of origin due to increased insecurity.

Fig 2 Comparison of reported events related to armed conflict in Libya via utilization of ACLED project dataset.



DTM's Emergency Tracking activities identified over 27,000 IDPs to have displaced from Tarhuna and Sirt to various location of Albayda, Benghazi, Shahhat and Tobruk seeking shelter and protection.² Several of these displaced families also included IDPs who had displaced earlier from Abu Qurayn area and, in the case of Tarhuna, several Tawergha IDP families.

Fig 3 Tarhuna and Sirt Displacement Map



The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the United Nations (and IOM) concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

¹ ACLED project is a non-profit organization that publishes disaggregated data, analysis, and crisis mapping. Data as of 8 August 2020 from Armed Conflict Location and Event Data Project (ACLED), Data Export Tool, <https://www.acleddata.com/data/>

² DTM Flash Update 18 June 2020; <https://displacement.iom.int/reports/libya-%E2%80%94-bani-waleed-tarhuna-sirt-ejdabia-benghazi-flash-update-4-18-june-2020>

AREAS OF DISPLACEMENT AND RETURN

During Round 31 data collection cycle, the Tripoli region (mantika) hosted the largest population of internally displaced persons (IDPs) in Libya with over 105,000 IDPs present in the various municipalities of Tripoli region. This is an increase of over 89,000 IDPs since April 2019 when the conflict in Western Libya broke out. The Tripoli municipalities of Tajoura (33,578 IDPs), Suq Aljuma (29,825 IDPs), and Hai Alandalus (11,152 IDPs) host 71 percent of the total IDP population in the Tripoli region.

The region of Misrata hosted 39,435 IDPs during the months of May - June 2020, while the caseload of IDPs in the Benghazi region increased from 27,365 IDPs (Round 30) to 36,140 IDPs during the May - June 2020 (Round 31) data collection cycle as a result of displacements from the areas of Tarhuna, Bani Waleed, and Sirt.

During the reporting period, the Almageb region was identified as hosting the fourth largest population of IDPs in Libya (35,389 individuals). A large proportion of these IDPs displaced from various areas of Western Libya that were affected by conflict in 2019. Whereas new displacements during the reporting period were also observed to originate from Almageb region, especially from the Tarhuna municipality and surrounding areas.

Aljfara region hosted the fifth largest caseload of IDPs, where a large proportion of these IDPs had been displaced from the previously conflict affected areas of Qasr Bin Ghasheer, Swani Bin Adam, and Espeaa.

Fig 4 Number of IDPs by Region (Mantika)

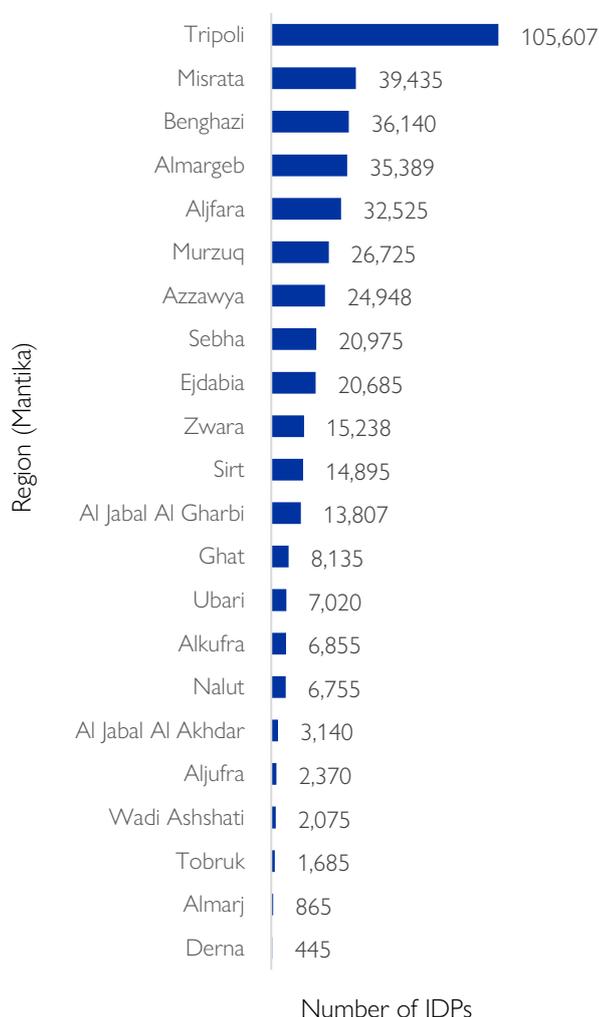
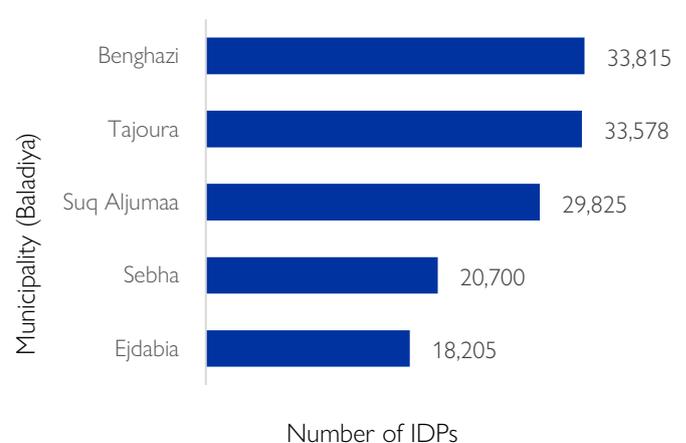


Fig 5 Top 5 Municipalities of Displacement



During round 31 data collection and analysis an upward trend in return movements in southern Tripoli was observed. As in previous rounds of data collection, the highest number of returnees (IDPs who had returned to their habitual place of residence since 2016 till June 2020) were identified in the regions of Benghazi (189,025 individuals) and Sirt (77,510 individuals).

However, the number of previously displaced families returning to their places of origin in Tripoli increased by 1,045 individuals from 62,370 individuals reported as returnees during Round 30 (March - April 2020) to 63,415 individuals during the Round 31 data collection cycle.

The charts below show the distribution of returnees by region (mantika) of origin and return respectively, followed by top 5 municipalities of origin and return.

Fig 6 Number of Returnees by Region (Mantika)

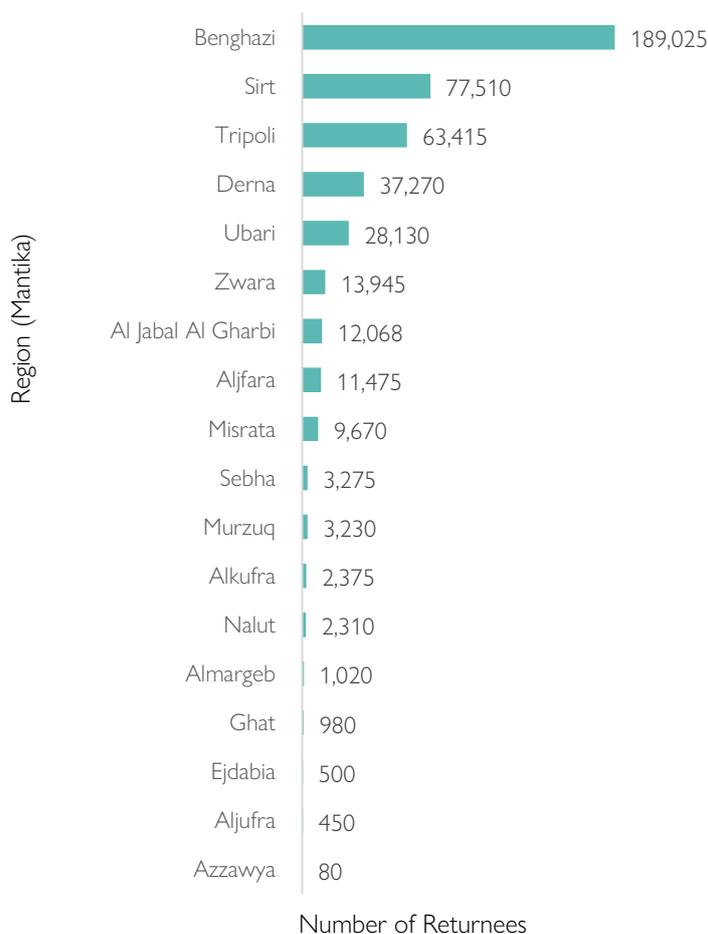
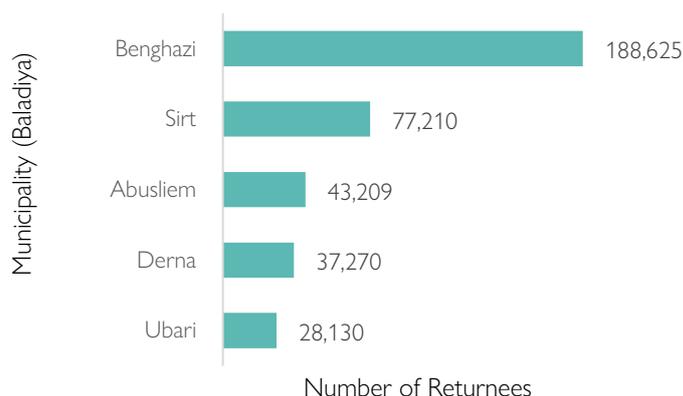


Fig 7 Top 5 Municipalities of Return



LOCATIONS OF DISPLACEMENT AND RETURN MAP

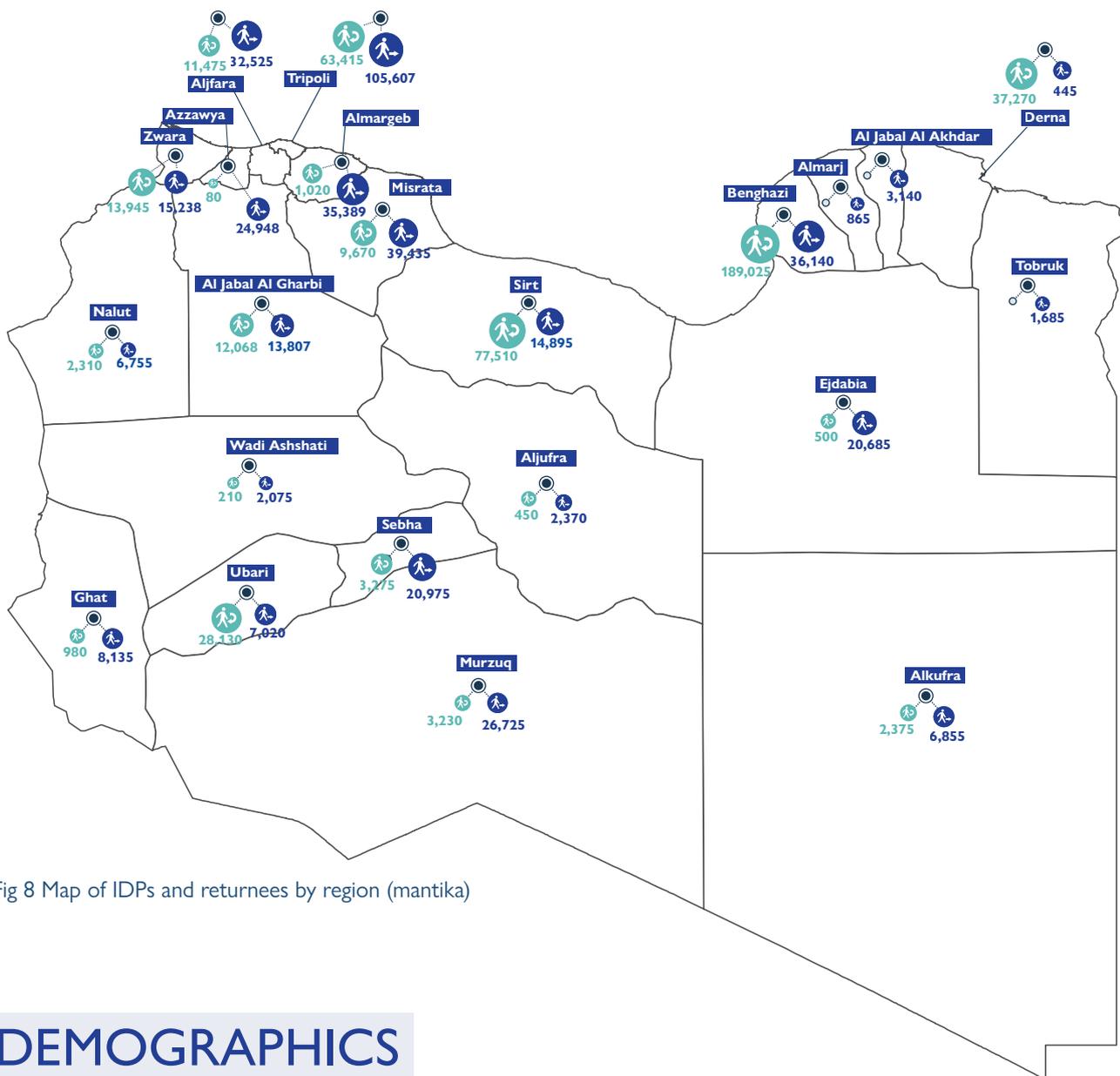
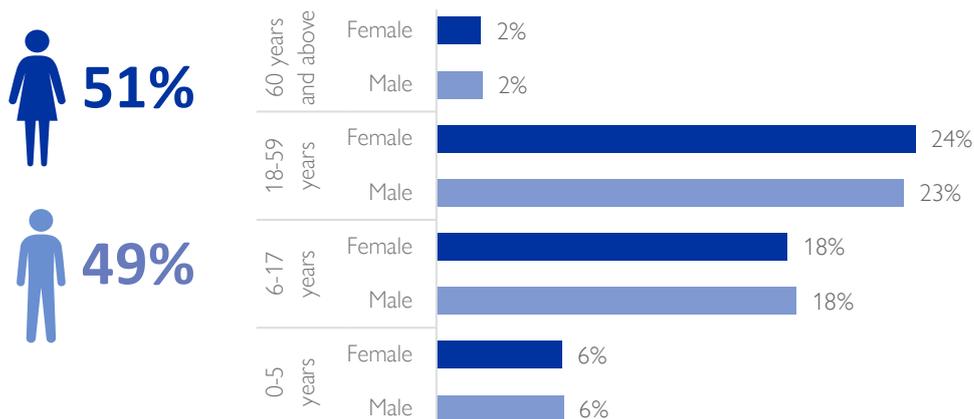


Fig 8 Map of IDPs and returnees by region (mantika)

DEMOGRAPHICS

In the context of ongoing armed conflict in western Libya, DTM conducted a rapid profiling exercise of displaced households to better understand the demographic composition of IDP families (figure 9). To this end, DTM enumerators gathered demographic data from a sample of 59,473 IDPs (11,228 families) displaced in western Libya.

Fig 9 IDP Profiling: Age - Gender Disaggregation



DRIVERS OF DISPLACEMENT

Internal displacement in Libya continues to be primarily driven by insecurity due to armed conflict, and its negative impact on the economic situation and availability of basic services. Most IDPs in Round 31 (May - June 2020) were reported to have left their communities of origin in search of safety, with the deterioration of economic situation and lack of availability of basic services as exacerbating factors. Insecurity was identified as the main driver of displacement in Libya, as an overwhelming majority of key informants (in 91% of the affected communities) reported during round 31 (May - June 2020) that IDPs had left their places of origin primarily because of insecurity. Whereas, in 6% of the affected communities, a deterioration in the economic situation was identified as the primary driver of displacement, while in 3% of communities key informants identified lack of access to basic services as the primary driver of displacement.

Figure 10 shows that while insecurity was the primary driver of displacement, as identified by key informants in 91% of the communities affected by displacement, it was identified as the only driver of displacement in 41% of the communities. For the remaining communities other exacerbating factors such as economic deterioration due to armed conflict (23% communities) and lack of basic services (23% communities) were also reported in addition to insecurity. Lastly, in 11% of the affected communities a combination of all three: insecurity, economic deterioration and lack of basic services was identified as a complex driver of displacement.

This indicates that conflict driven decline in economic activity and/or lack of basic services also plays a role as a secondary driver of displacement in Libya. In a majority of the affected locations rising insecurity, economic deterioration, and lack of access to basic services were identified together as complex drivers of displacement. Some of the factors contributing to the deterioration of the economic situation were reported as an increase in rent for accommodation and loss of IDP household's financial capacity over the protracted crisis.

Fig 10 Reasons for Displacement from Place of Origin (multiple choice)

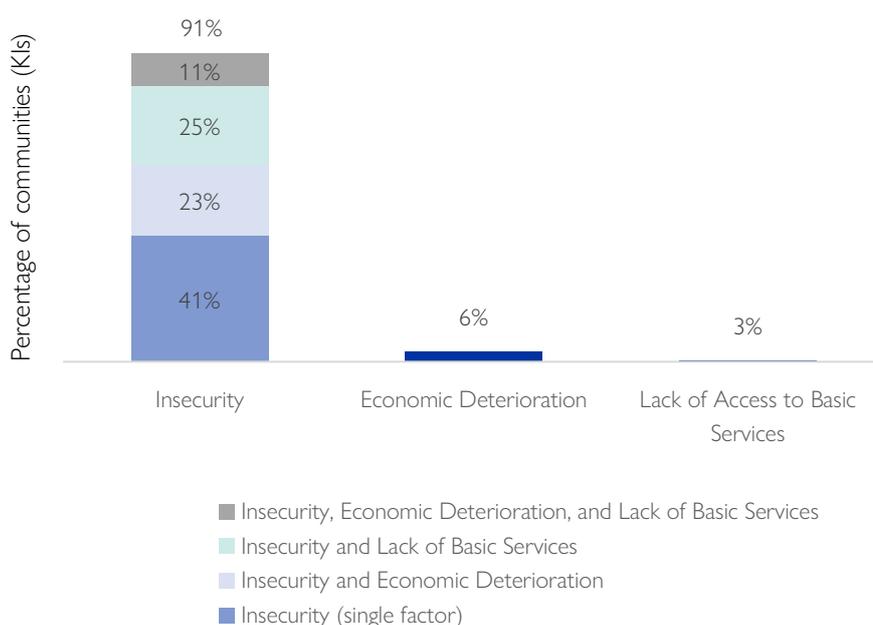
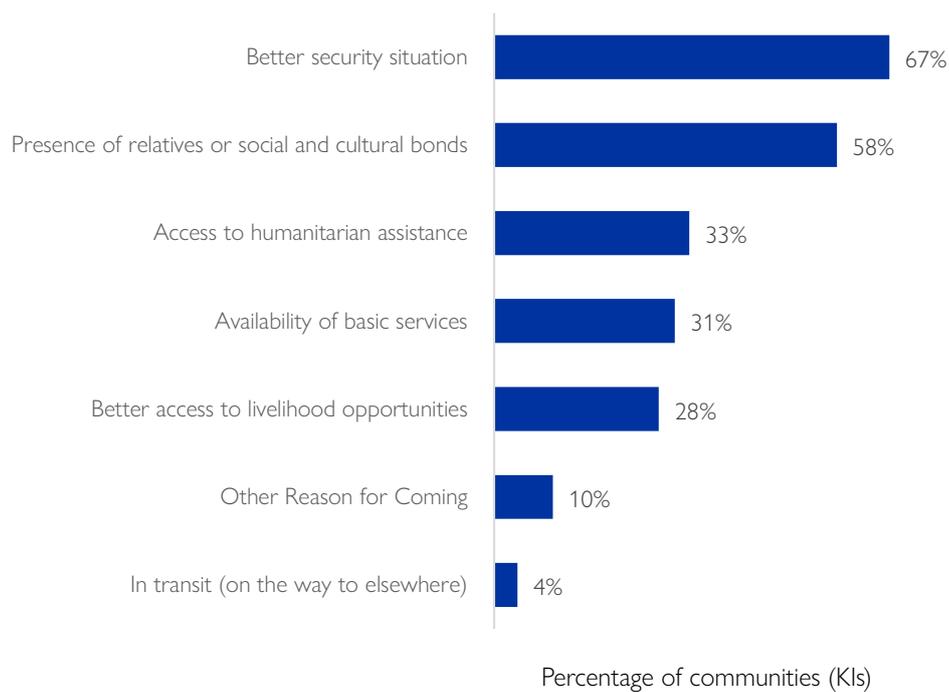


Figure 11 shows that various factors play a role in the decision making by displaced families on where to seek safety after displacing from their places of origin. The multiple-choice question on reasons for choosing the current location as place of displacement identifies that in 67% of the locations of displacement, IDPs had chosen these communities due to better security situation there in comparison to their places of origin which had been affected by insecurity due to armed conflict.

The second major factor was identified as presence of relatives or social and cultural bonds (58%) in the locations of displacement as a reason for IDPs seeking safety in these locations. These findings further reinforce that the deterioration of the security situation due to armed conflict is the most significant driver of displacement in Libya, and that IDP families decide on seeking safety in areas that offer better security and social connections. Other contributing factors are shown in figure 11, such as availability of basic services, access to humanitarian assistance, livelihood opportunities etc. also play a role in the decision of the IDP families on where to displace.

Fig 11 Reasons for Choosing the Place of Displacement (multiple choice)



MULTI-SECTORAL LOCATION ASSESSMENT

DTM Libya's Mobility Tracking includes a Multi-Sectoral Location Assessment (MSLA) covering all regions (mantika) and municipalities (baladiya) of Libya. The MSLA key informant interviews regularly collect sectoral baseline data on availability and access to services and priority humanitarian needs. The regular and continuous implementation of the MSLA is aimed at supporting both strategic and operational planning of humanitarian programming via identification of specific sectoral issues at community-levels.

This round 31 report presents the findings of MSLA covering multisectoral priority needs of IDPs and returnees. It also presents key findings related to education, food, health, non-food items (NFI) and access to markets, protection (security and Mine Action), water sources (WASH), and other public services, for the reporting period covering May - June 2020.

HUMANITARIAN PRIORITY NEEDS

The priority needs identified by IDPs during May - June 2020 data collection were accommodation, food assistance, health services and non-food items (NFIs) as shown in Figure 12. For returnees, key priority needs were found to be food assistance, followed by non-food items, support in the provision of water, sanitation and hygiene (WASH) services, and health services as shown in Figure 13.

Similar to the previous round, the top challenges in fulfilling these needs were related to the erosion of coping mechanisms of the affected populations due to the protracted nature of the ongoing armed conflict. The health services were reported to face challenges related to irregular supply of medicines, while more than one third of the private and public health facilities were reported to be only partially operational.

The chart shows ranked priority needs of both the affected population groups based on the top three needs reported at community (muhalla) levels.

Fig 12 Priority Needs of IDPs (Ranked)

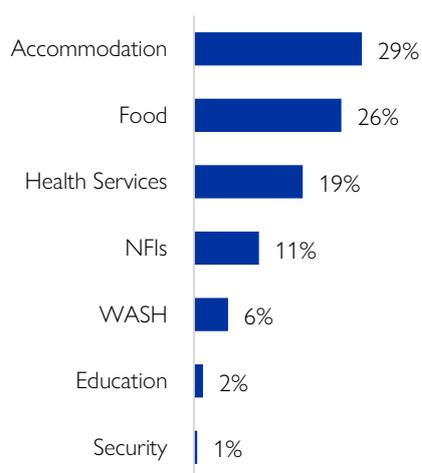
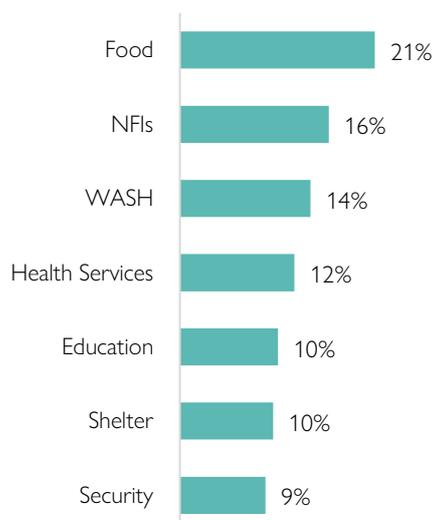


Fig 13 Priority Needs of Returnees (Ranked)



Area analysis of priority humanitarian needs shows variation in the reported priority needs for the top three regions (mantika) as per the population figures for IDPs and returnees in these regions. See next page.

HUMANITARIAN PRIORITY NEEDS BY REGION

The top three ranked humanitarian needs for the regions (mantika) with three largest IDP and returnee populations are shown below. The ranking is based on weighted average score calculated for the highest number of people with humanitarian needs. This indicates regional variation in the key informant identified humanitarian needs for IDPs and returnees.

For IDPs in Tripoli region (mantika) the top three humanitarian needs were related to shelter assistance, access to health services (particularly critical in the context of Covid-19), and provision of food assistance. The rest of the ranking per region (mantika) for IDPs and returnees respectively can be seen figures 14 and 15 below.

Fig 14 Priority humanitarian needs of IDPs (ranked) for top three regions (mantika) with highest IDP populations.

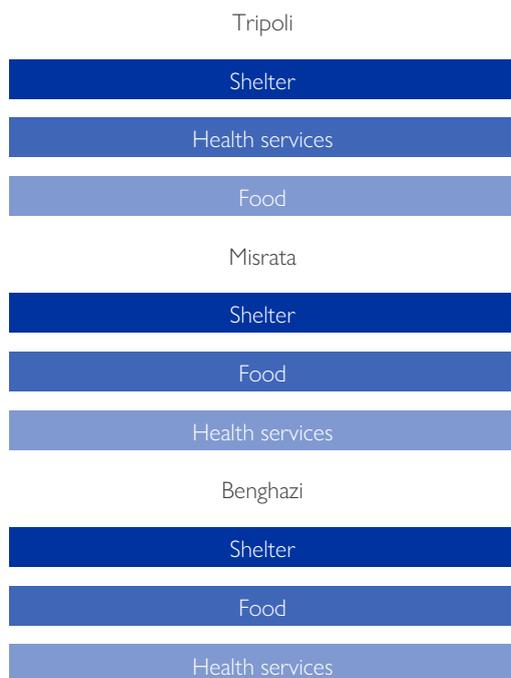


Fig 15 Priority humanitarian needs of returnees (ranked) for top three regions (mantika) with highest returnee populations.



The following section presents key sectoral findings of the DTM Multi-Sectoral Location Assessment conducted during round 31 data collection (May - June 2020).

HEALTH

During Round 31 data collection, 63% of the health facilities in Libya were reported to be operational, while 33% were reported to be partially operational, and 6% were reported to be not operational at the time of assessment.

Across all municipalities, only 50% of the hospitals were reported to be operational, while 43% were partially operational and 7% were reported non-operational. Figure 16 presents the statistics on reported operational, partially operational, and non-operational private and public health facilities.

Furthermore, the range of services available in operational health facilities was often reported to be limited due to various factors, including shortages of medical supplies, such as shortages of medicines for chronic diseases as reported in 97 municipalities out of a total of 100 municipalities in Libya.

Fig 16 Availability of health services in the assessed municipalities

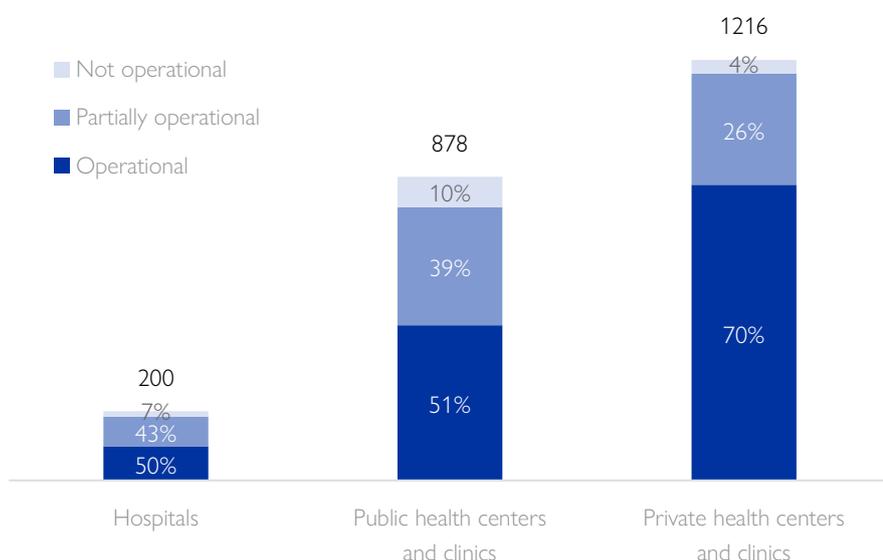


Fig 17 Irregular supply of medication reported in 98 municipalities (baladiya)



Analysis of health facilities' distribution by region highlights structural issues, such as lack of fully functional hospitals in 43 municipalities. Similarly, the worst region in terms of overall availability of health services reported by key informants was Alkufra where only one hospital was reported to be available.

For life saving clinical management of critical Covid-19 patients only hospitals with fully functional intensive or critical care units may be considered to provide adequate level of care and service. Repeated instances of armed conflict in various parts of Libya, chronic underinvestment in health infrastructure, and dependence on private health service providers has drastically reduced the capacity of health sector in Libya to deal with the Covid-19 emergency.

DTM's Mobility Tracking population data and key informant reports on health services collected via Multi-Sectoral Location Assessment can be used to identify key critical areas of gaps in health services along with higher proportion of affected populations such as IDPs, returnees, and migrants.

SECURITY AND MINE ACTION

As part of the Multisectoral Location Assessment, security-related indicators were collected in all municipalities, including questions specifically related to mine action (Mine Action Area of Responsibility). The aim was to understand the challenges faced by residents in moving safely within their municipalities, the reasons hindering safe movement, and awareness of the presence of unexploded ordinances (UXOs).

Visible presence of UXOs was reported in 8 municipalities. Residents were reported as not being able to move safely within their area of residence in 16 municipalities. In municipalities where movement was restricted, the main reason was insecurity (11 municipalities), road closures (8 municipalities), and presence or threat of unexploded ordinance (3 municipalities).

During round 31 data collection, restrictions on freedom of movement were also reported and observed as part of the Covid-19 public health measures, however those are not covered under this section (or in the list of reasons restricting movement in figure 27)

Fig 18 Presence of UXOs reported in 8 municipalities



Fig 19 Restrictions on freedom of movement reported in 16 municipalities



Fig 20 Reasons for restrictions on freedom of movement as reported in 16 municipalities

Municipality	Reason for Restricted Freedom of Movement
Abu Qurayn	Insecurity, Threat/presence of explosive hazards
Abusliem	Road closed, Insecurity, Other
Ain Zara	Road closed, Insecurity, Threat/presence of explosive hazards
Al Aziziya	Road closed, Insecurity, Other
Alharaba	Road closed, Insecurity, Other
Alkufra	Insecurity
Bani Waleed	Insecurity
Derna	Road closed, threat/presence of explosive hazards, Other
Murzuq	Insecurity
Qasr Akhyar	Insecurity
Qasr Bin Ghasheer	Road closed, Insecurity, Other
Sebha	Insecurity
Sidi Assayeh	Road closed, Insecurity, Other
Suq Aljumaa	Other
Suq Alkhamees	Road closed, Insecurity, Other
Tarhuna	Insecurity

EDUCATION

During Round 31 DTM multi-sectoral location assessment (MSLA) data collection, key informants in 100 municipalities of Libya reported that 5% of public and 4% of private schools were not operational due to damage to buildings and physical infrastructure as a result of armed conflict or for use for sheltering IDPs in need of emergency shelters. Furthermore, a total of 47 schools were reported to be fully destroyed due to armed conflict. See figures 21 and 22 for further details.

However, while the majority schools was reported to be in principle operational, a complete closure of schools as a public health measure was reported in 44 municipalities assessed during the months of May and June due to current Covid-19 pandemic.¹

Fig 21 Operational and non-operational schools

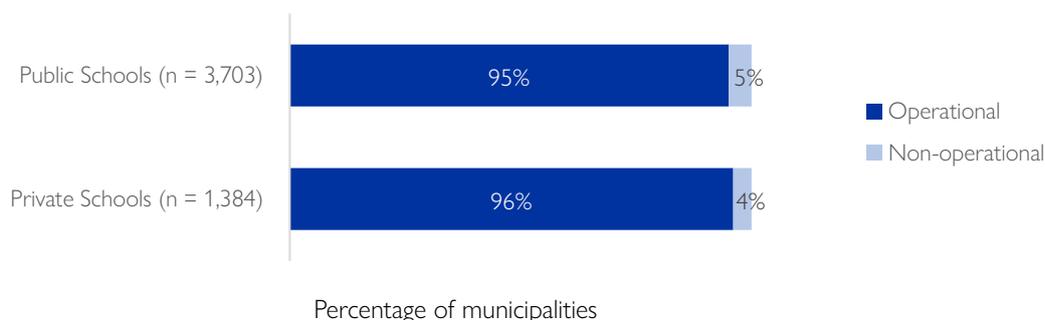
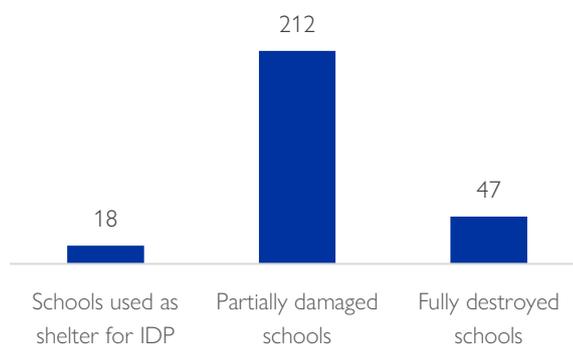


Fig 22 Number of schools reported as partially and fully destroyed



¹ For further details see DTM Libya — COVID-19 MOBILITY TRACKING REPORTS:

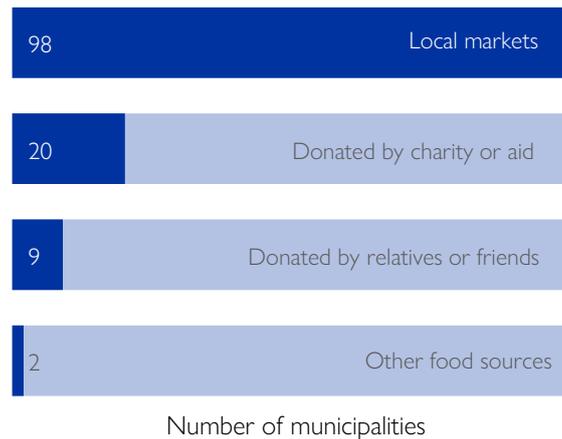
Report for the month of May 2020: <https://dtm.iom.int/reports/libya-%E2%80%94-covid-19-mobility-tracking-2-may-2020>

Report for the month of June 2020: <https://migration.iom.int/reports/libya-%E2%80%94-covid-19-mobility-tracking-3-june-2020>

FOOD

In 98 municipalities local markets, such as local grocery stores, supermarkets, and open markets, were reported to be the main source used by residents to procure food items, including IDPs, returnees and the host community. Furthermore, in 20 municipalities food distributions by charity and aid organizations were also identified as sources of food supply for vulnerable populations as shown in the figure below.

Fig 23 Sources of food supplies for residents by number of municipalities (multiple choice)



The modes of payment utilized for purchasing food were reported to be payments in cash, along with ATM cards or on credit as shown in the figure below. The figure 24 shows the mode of payments as per the number of municipalities where key informants reported the use of each payment mode.

The biggest obstacle in accessing adequate food to meet household needs was most frequently reported as food being too expensive compared to the purchasing power of affected populations, furthermore during Round 31 key informants in the municipalities of Sebha and Misrata also reported shortages of food items.

Fig 24 Various modes of payment used for purchasing food by number of municipalities (multiple choice)

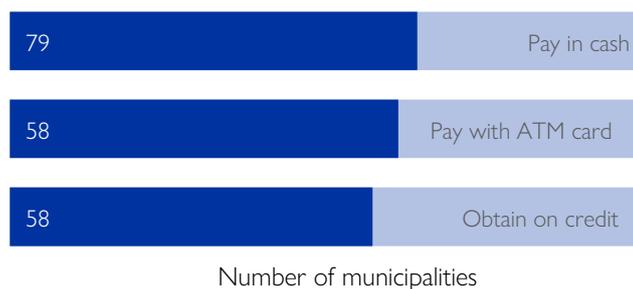
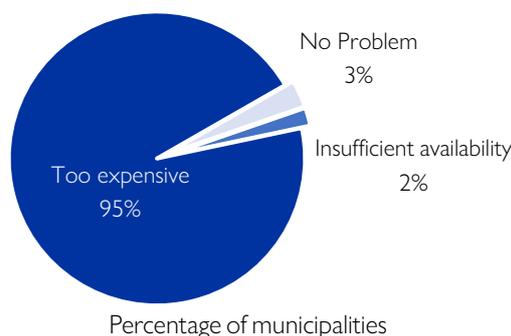


Fig 25 Main problems related to food supply



NFI AND ACCESS TO MARKETS

Data was also collected on humanitarian priority needs related to non-food items (NFIs) in local markets. The most commonly cited obstacle to accessing NFIs was that items were too expensive for those in need of assistance. In 18 municipalities the main challenge in accessing non-food items was reported to be related to the poor quality of items available, followed by distance from local markets as a main challenge reported by key informants in 15 municipalities.

Fig 26 Main challenges reported in obtaining the required Non-Food Items (multiple choice)

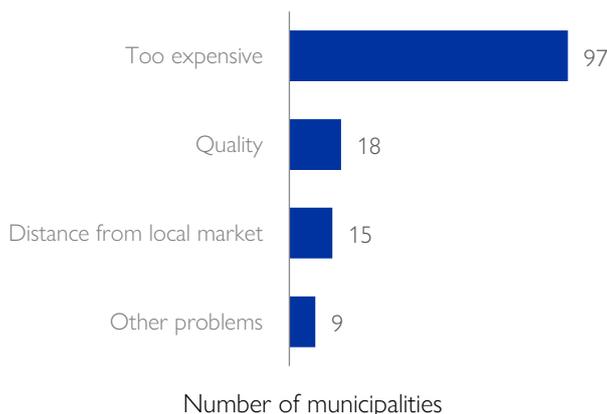
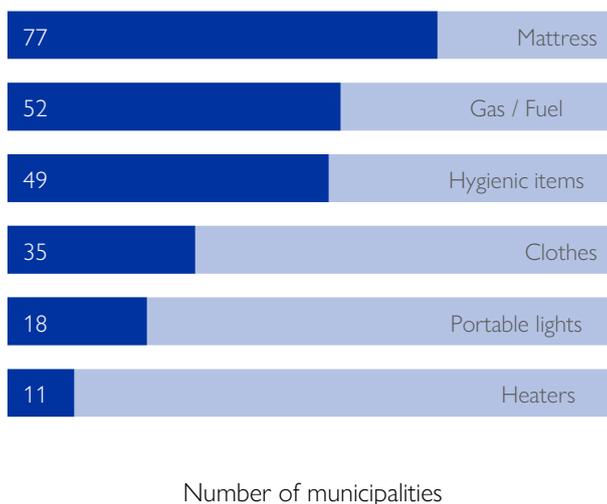


Fig 27 Most reported priority Non-Food Items in need (multiple choice)



Notably, mattresses emerged as the most commonly cited item in need as part of the humanitarian Non-Food Items kit, reported by key informants in 77 municipalities. The second priority NFI need identified was gas/fuel (52 municipalities) as reports on shortages of fuel are also received. Hygiene items were reported as third most in need NFI item (49 municipalities) which is also significant in terms of facilitating the prevention of the spread of Covid-19. While and clothes (35 municipalities) were reported as the fourth most in NFI priority item.

ACCOMMODATION

During round 31 (May - June 2020) reporting period, 63% of all IDPs identified in Libya were reported to be residing in privately rented accommodation, while 23% were staying with host families without paying rent, and 4% were taking shelter in schools and other public buildings. Other places of IDP accommodation include informal camp settings (3%), other types of shelter arrangements (7%) including abandoned buildings (2%).

83% of returnees were reported to be back in their own homes in their areas origin. The remaining returnees were in rented accommodations (9%), with host families (7%) or utilizing other accommodation arrangements (1%).

Please refer to the map on next page for the geographical distribution of IDPs in public shelter or communal accommodation settings by region.

Fig 28 Accommodation types utilized by IDPs

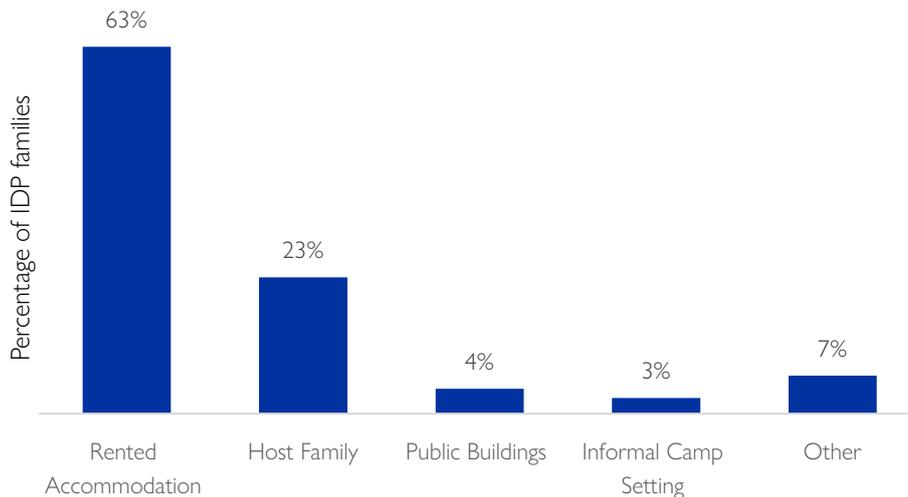


Fig 29 Accommodation types utilized by returnees

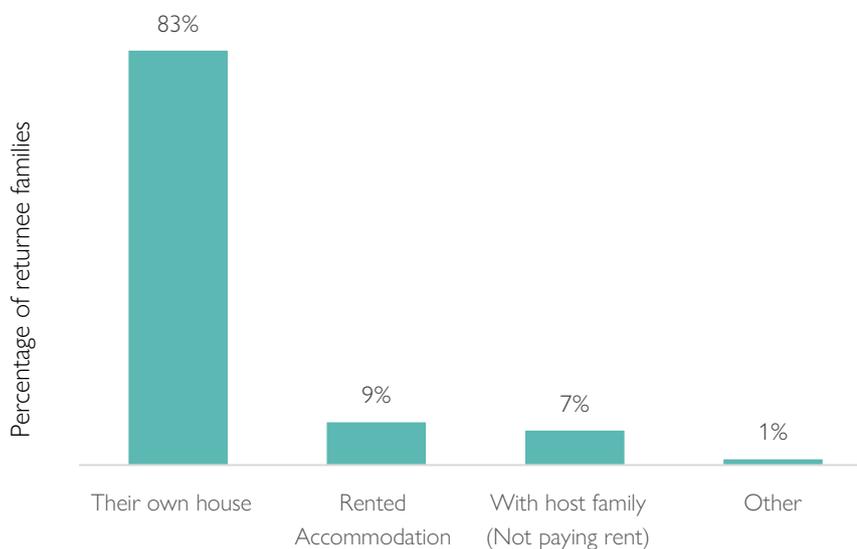


Fig 30 Map of public shelter or communal accommodation types used by IDPs by location

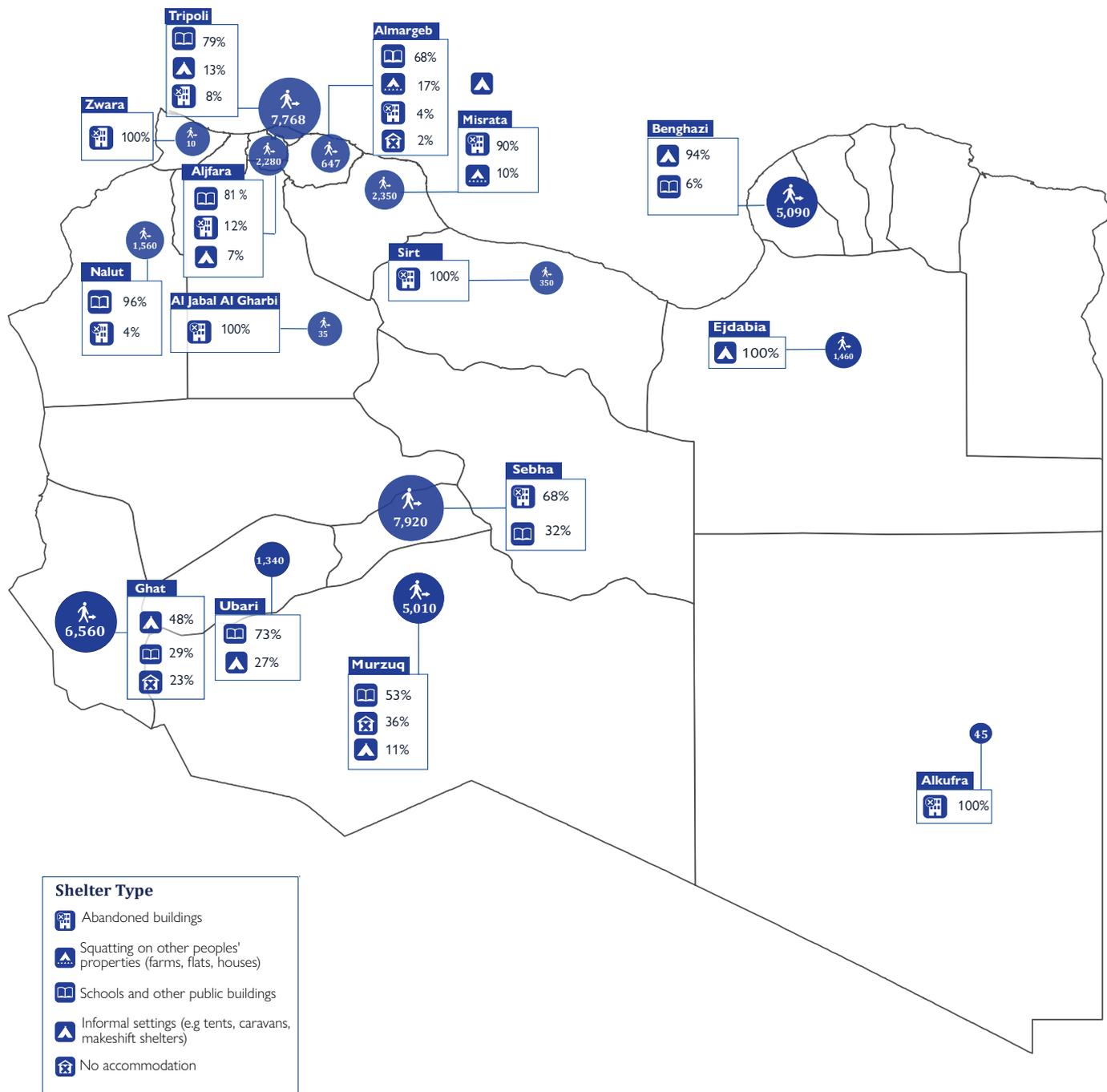
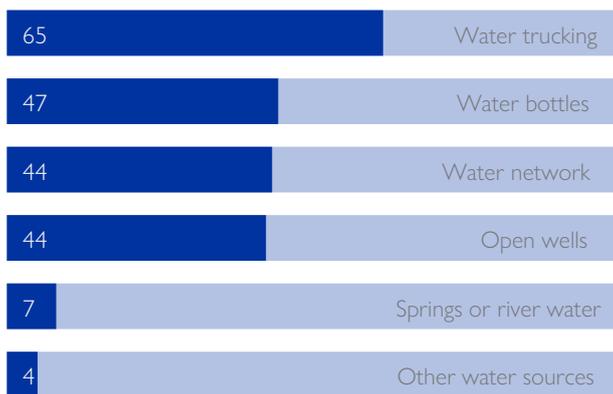


Figure 30 represents the distribution of IDPs in public shelters or communal accommodation per region (mantika), where the percentages are showing the proportion of the IDPs per region (mantika) in public shelters / communal accommodation only. The bubble (with number) along with each region's name shows the number of IDPs (individuals) in such public/communal accommodations.

WATER SANITATION AND HYGIENE (WASH)

In terms of the water sources utilized, in 65 municipalities use of water trucking was reported to meet the household needs of residents, including IDPs, returnees, host community and migrants. While in 44 municipalities water networks, and open wells (boreholes) were reported to be used as sources of water available to the households. The entire distribution of the main water sources reported can be seen in the chart below.

Fig 31 Main sources of water in use by the number of municipalities (multiple choice)

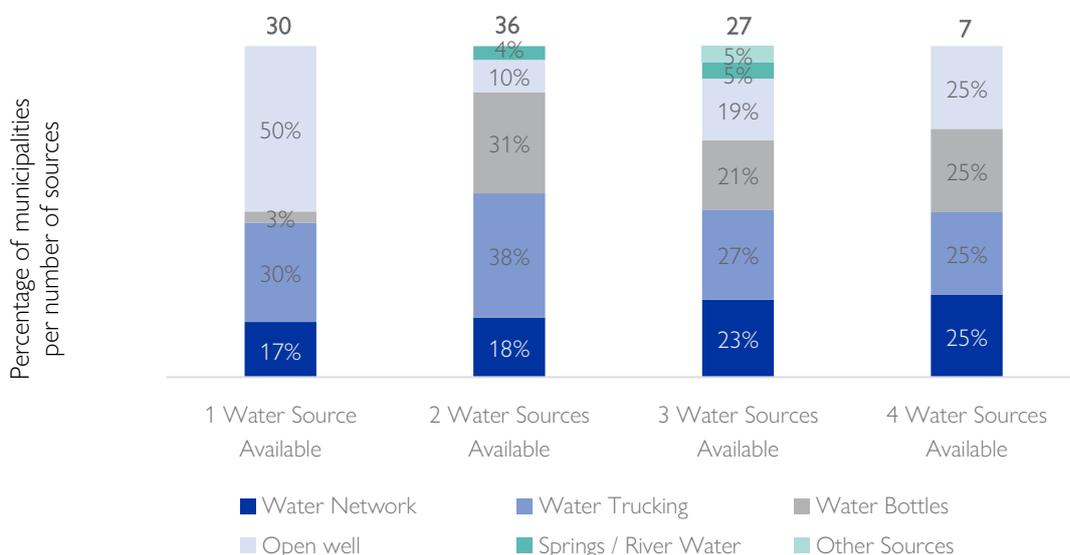


Number of municipalities

Analysis of water source availability and utility by municipality shows that in 30 municipalities only one source of water was available and therefore utilized. Whereas in 36 municipalities two water sources were available, in 27 municipalities three water sources, and in 7 municipalities 4 water sources were available and utilized. Figure 32 below shows that in 15 municipalities of the 30 municipalities (50%) that depended on one source of water, open wells were the most common source of water, followed by 30% (9 municipalities) reporting dependence on water trucking as the only source of water utilized.

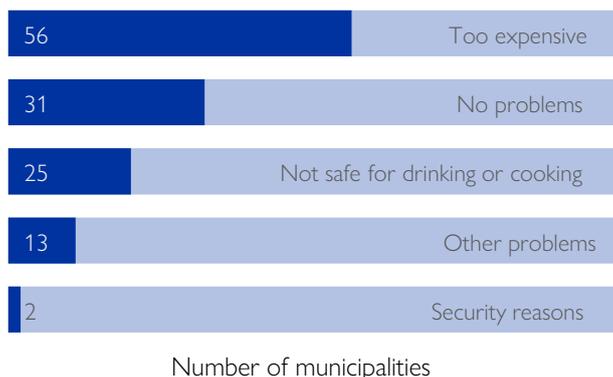
As the availability and utility of water sources increases the diversity of the types of water sources utilized also increases. However, as shown in figure 31, the reliance on water trucking – reported by 61 municipalities – as a source of water for household use was common for over a quarter of all municipalities irrespective of the diversity of water sources available. Use of water bottles was reported the most amongst the municipalities reporting availability of two water sources for household use. Both water trucking and use of water bottles are resource intensive and indicate a dependence on alternative sources of water in the absence of reliable municipal water networks.

Fig 32 Analysis of number of water sources in use by municipality and their diversity



When asked about the main challenges faced by the residents, IDPs and returnees in accessing adequate drinking water, the most cited obstacle was related to access to water being “too expensive” (reported in 56 municipalities), as dependency on resource intensive water trucking to meet household needs, and use of bottled water for drinking were identified. In 25 municipalities the water available was reported to be not safe for drinking or cooking as shown in the chart below.

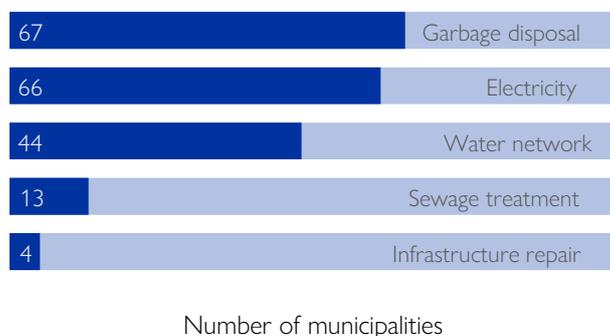
Fig 33 Challenges related to water availability by number of municipalities (multiple challenges reported by several municipalities)



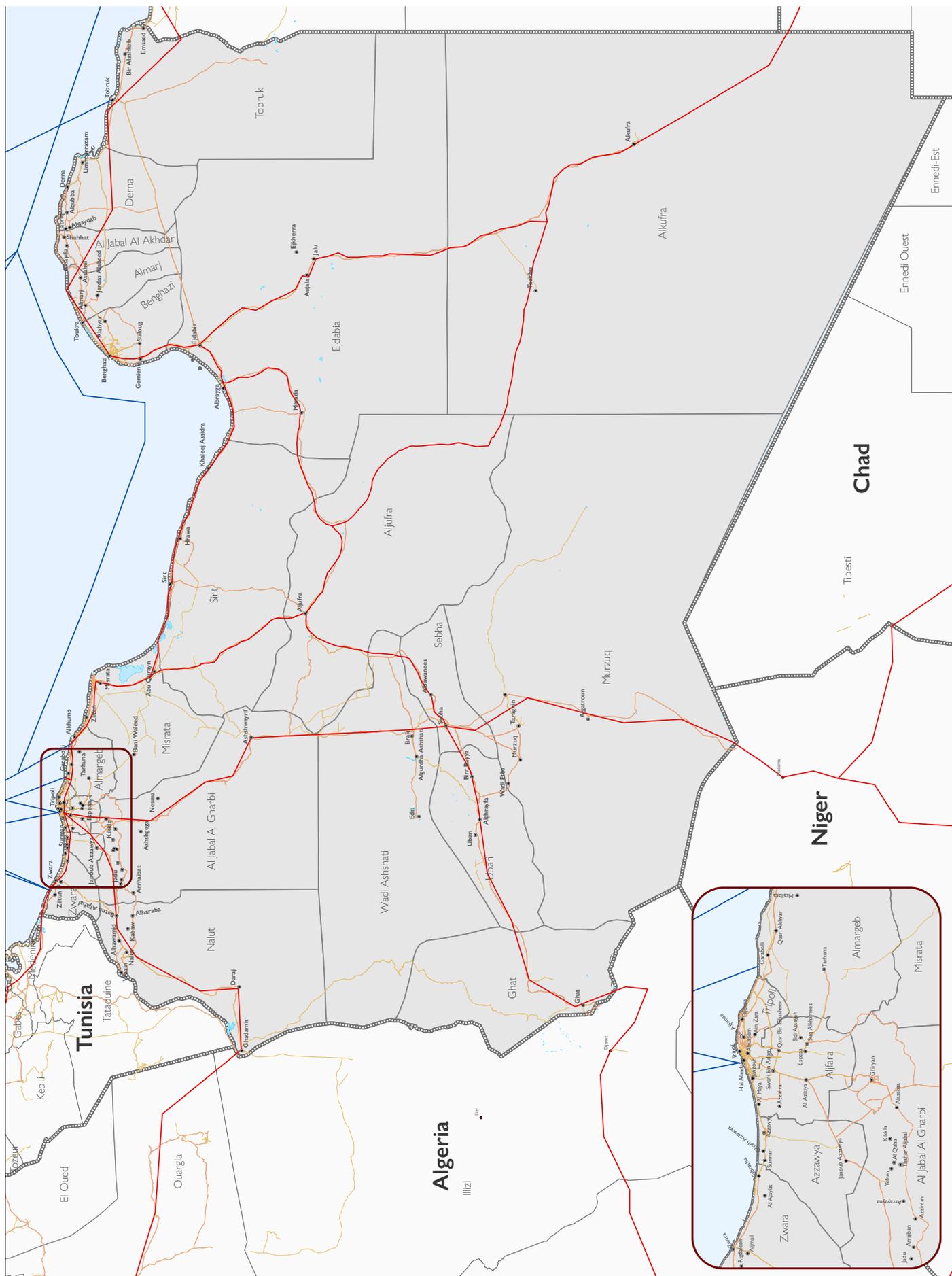
OTHER PUBLIC SERVICES

Similar to the previous Round, garbage disposal services and electricity were the most commonly cited municipal services reported during Round 31 data collection. Although electricity was often only available intermittently as rolling blackouts or rotational load shedding was increasingly reported to affect various parts of Libya. Out of the 100 municipalities in Libya, 67 municipalities reported the availability of garbage disposal services, whereas electricity was available in only 66 municipalities although with intermittent blackouts, and water networks were reported as fully operational in only 44 municipalities during the reporting period. Infrastructure repairs remain the least frequently reported available public service.

Fig 34 Public services by number of municipalities reporting their regular availability (multiple choice)



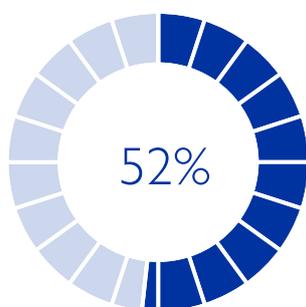
REFERENCE MAP - LIBYA



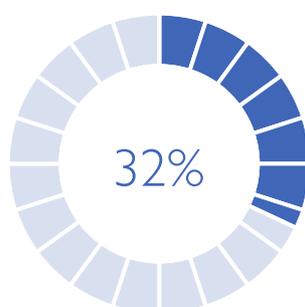
METHODOLOGY

The data in this report is collected through DTM's Mobility Tracking module. Mobility Tracking gathers data through key informants at both the municipality and community level on a bi-monthly data collection cycle and includes a Multi-Sectoral Location Assessment (MSLA) component that gathers multisectoral baseline data. A comprehensive methodological note on DTM's Mobility Tracking component is available on the DTM Libya website.

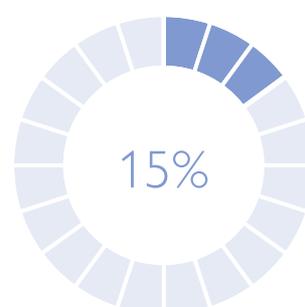
In Round 31, DTM assessed all 100 municipalities in Libya. 2,219 key informant interviews (KIIs) were conducted during this round. 329 KIIs were carried out at the municipality level and 1,890 at the community level. 33% KIIs were with the representatives from various divisions within the municipality offices (Social Affairs, Muhalla Affairs etc.), 11% from key civil society organizations, and 10% with local crisis committee representatives. 6% KIIs were with female key informants, whereas 94% were male key informants.



Very Credible



Mostly Credible



Somewhat Credible

52% of data collected was rated as “very credible” during the Round 31, while 32% was rated “mostly credible”, and 1% was “somewhat credible”. This rating is based on the consistency of data provided by the Key Informants, on their sources of data, and on whether data provided is in line with general perceptions.

For more details on the methodology, the current situation in Libya, databases and more, consult the DTM Libya website: www.dtm.iom.int/libya. You can also find our latest IDP & Returnee report in the same website.

IOM DTM DATA COLLECTION



55
enumerators



3
team leaders



5
implementing partners



100% COVERAGE

DISCLAIMER

The content of this report is based on the evidence collected during the assessment and surveys. Thus the reported findings and conclusions represent the views and opinions of the key informants interviewed and surveyed, for which DTM cannot be held responsible.



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Funded by the European Union the Displacement Tracking Matrix (DTM) in Libya tracks and monitors population movements in order to collate, analyze and share information packages on Libya's populations on the move. DTM is designed to support the humanitarian community with demographic baselines needed to coordinate evidence-based interventions. DTM's Flow Monitoring and Mobility Tracking package includes analytical reports, datasets, maps, interactive dashboards and websites on the numbers, demographics, locations of origin, displacement and movement patterns, and primary needs of mobile populations. For all DTM reports, datasets, static and interactive maps and interactive dashboard please visit DTM Libya website:

dtm.iom.int/libya/